

# APPLICATION FOR THE FREE AND REDUCED LUNCH PROGRAM

## PRIVACY ACT STATEMENT

**AUTHORITY:** The National School Lunch Act (42 USC 1751) as amended by Public Law 91-248 (1970); DoD Directive 1015.5, DoD Student Meal Program, and USAFE Instruction 36-401, Installation Commanders and School Liaison Officers. **PRINCIPLE PURPOSE:** To determine eligibility for free or reduced price meals under the National School Lunch Act and DoD Student Meal Program. **ROUTINE USE(S):** This form will be used solely for the principal purpose(s) described above. **DISCLOSURE:** The disclosure of the Social Security Number is voluntary. However it is required under the provision of the National School Lunch Act before your child may receive free or reduced lunch meals.

Before completing this form please read instruction on reverse

### DO NOT FILL OUT THIS PART (FOR OFFICIAL USE)

TOTAL INCOME	Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year	HOUSEHOLD SIZE
SCHOOL YEAR	PROCESSED BY	DATE
ELIGIBILITY CATEGORY		REASON DENIED
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied		

### I. FAMILY INFORMATION

1. SPONSOR'S NAME (Last, First, Middle Initial)	2. SPONSOR'S LAST FOUR SSN * * * - * *	3. RANK	4. ORGANIZATION
5. DUTY PHONE	6. PSC or CMR	7. BOX	8. APO AE
9. HOME PHONE	10. DEROS	11. E-MAIL ADDRESS (Work)	12. E-MAIL ADDRESS (Home)

### 13. TOTAL HOUSEHOLD MEMBERS

Names of all household members (Last, First, Middle Initial)	Name of school for each child / or indicate "NA" if child is not in school	GRADE	AGE	CHECK IF NO INCOME
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

### II. HOUSEHOLD TOTAL GROSS MONTHLY INCOME (BEFORE TAXES)

Note: Only the portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Do NOT include Overseas Housing Allowance, Cost of Living Allowance, or Combat Pay as income.

14. NAME (List only household members with income)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED				
	Earnings From Work before deductions <b>BASE PAY + BAS</b> Include special duty pay	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income	Income retained by deployed household member downrange
(Example) Jane Smith	\$199.99/weekly	\$149.99/bi-monthly	\$99.99/monthly	\$50.00/monthly	\$ N/A /

### III. CERTIFICATION STATEMENT (Read and initial each statement and sign below)

a. STATEMENT	b. INITIAL
15. This application is made in connection with the receipt of federal funds. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable Federal Statutes (UCMJ) or other regulations.	
16. Meals covered in the free/reduced lunch program are for one (1) USDA approved tray lunch per day (excludes lunch plus and double lunch)	
17. A la carte food items are not covered under the free/reduced lunch program and will incur a charge to the student's account at the posted price.	
18. I understand that eligibility is only valid for the current school year and that another application must be submitted to determine eligibility for each new School Year.	
19. I certify that all of the above information is true and correct to the best of my knowledge.	
20. SIGNATURE OF SPONSOR/HEAD OF HOUSEHOLD	21. DATE (YYYYMMDD)

## INSTRUCTIONS

To enroll in the Free or Reduced Student Meal Program, please complete the application on front and submit it to your installation School Liaison Office.

*The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the sponsor. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the sponsor does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and if available breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.*

### Part I: Provide All Information Requested

Complete sections 1-13 and ensure you provide only the last four digits of the sponsors SSN. List all household members in section 13 to include the name of school for each child. For any person, including children, with no income, you must check the "No Income"

### Part II: Follow These Instructions to Report Total Household Income From This Month or Last Month.

Complete section 14. For each household member, list each type of income received for the month. You must list how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions.

Include

- Base Pay
- Basic Allowance for Subsistence
- Support/Alimony
- Retirement/Pension
- Special Duty Pay
- Spouse Income (for irregular employment (i.e. babysitting, substitute teaching, seasonal or temp hire) provide average monthly income.)
- Other Income (net rental income, annuities, net royalties, interest, income from estates, trusts, and/or investments, regular contributions from persons not living in the household)

**Do NOT include Overseas Housing Allowance, Cost of Living Allowance, or Combat Pay in calculation**

### Part III: Read, Initial and Sign Certification Statement

Complete sections 15-20. Read and initial 15-19, sign at block 20. Your signature on the application certifies that all of the information provided on the application is true and correct to the best of your knowledge. If fraudulent information is provided, it may result in prosecution under UCMJ or Federal Law and dismissal from the program.

**If you need more information please contact your installation School Liaison Officer at:**

RAF Lakenheath Airman & Family Readiness Center, Bldg 950

DSN: 226-5077, 226-5078 Commercial: 01638-52-5077, 01638-52-5078

48SPTG.CCL@us.af.mil